



State of Washington Application for a Water Right Permit

SURFACE WAT	TER 🗌	GROU	ND W	ATER
Permanent	Tempor	ary 🗌	Short	Term

Follow the attached instructions. Attach additional sheets as necessary.

	T OF ECOLOGY MUST ACCO			
Section 1. APPLICANT				
Applicant/Business Name:	Man	Phone No: 360 414 033		Other No: 36 425 5912
Address: 1413 Germany Cv	- RJ			
City:	• 10	State:		Zip:
Longview		WA	1	98632
Email Address (optional): Workmn E Hotm	ail.com			
Contact Name (if different from abo	ve):	Phone No:		Other No:
Relationship to Applicant:			,	
Address:				
City:		State:		Zip:
Email Address (optional):				
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A.) If Surface Water Source					B.) If Ground Water Source				
✓Spring ☐ Creek ☐ River ☐ Lake					Well(s) Other:				
Othe									
, ,	NT 14					Well	diameter &	depth:	
Source Name: No Name					Number of proposed points of withdrawal:				
Tributar	y to:N	one				Do you have an existing well? YES NO			
Number of proposed diversion points: Do you have an existing diversion? YES NO						If available, attach Water Well Report and pump tes			
1							Tag ID No	•	
C.) Poi	nt of Div	ersion/W	ithdraw	al – Lega	l Descri	iption			
P	arcel No.	1	/4 1/.	100000000000000000000000000000000000000	n Tow	nship			
NP36	98010			36	9				
	Lot(s)		Blo	ck(s)		S	ubdivision		
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Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

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Rescribe your proposed water system (include type a	and size of devices used to divert or withdraw water from
	spring. 1/2" water line 460 feet
burce): OHCK Calestian Canha	The spring 1/2 water time yes the
to home, Set met tilter,	Throughpresure pumpto second
	igha Earlon Elter and then through
a reverse Osmosis system	
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Section 6. DOMESTIC WATER SUP	PPLY SYSTEM INFORMATION
Complete A or B, and C below A.) Domestic Water Systems only	B.) Municipal Water Systems only
A.) Domestic Water Systems only	(defined under RCW 90.03.015)
Projected number of connections to be served:	Present population to be served water:
one	
Type of connections: Home	Estimate future population to be served:
(e.g., home, recreational cabin)	(20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the	Washington State Department of Health Drinking Water steel for drinking and Rest. 3/18/19
Division? YES NO Water was te	sted for armining and fast. 3/18/87
If yes, date plan was approved//	Water System Number:
Name of water system:	
And the second state of the second se	Type Time
Are you within the service area of an existing water	
Are you within the service area of an existing water If yes, explain why you are unable to connect to the	
If yes, explain why you are unable to connect to the	
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Section 7. IRRIGATION/STOCKWA	e system:
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Section 7. IRRIGATION/STOCKWA rrigation otal number of acres requested to be irrigated under OTE: Outline the area to be irrigated on your attactockwater ist number and kind of stock: the proposed project for a dairy farm? YES	ATER/OTHER FARM USES This application = ACRES Tached map.

[3]

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? YES NO
Do you have a controlling interest in a Family Farm Development Permit? YES NO
If yes, enter Permit No:
Section 8. OTHER WATER USES
Hydropower ()
Indicate total feet of head and proposed capacity in kilowatts: N
Describe works:
Indicate all uses to which power is to be applied:
FERC License No:
Mining/Industrial Use Describe use, method of supplying and utilizing water:
Other Use None
Section 9. WATER STORAGE
Will you be using a dam, dike, or other structure to retain or store water? YES NO
Are you proposing to store more than 10 acre-feet of water? YES NO
Will the water depth be 10 feet or more? TYES NO If you answered yes to any of the above questions, please describe:
NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.
Section 10. DRIVING DIRECTIONS
Provide detailed driving directions to the project site: 12 wiles west of Longview at 8 tella turn right on Germany CKRd/2/4 jat 1413 1eft side of Germany CKRd.
Site Address: 1413 Germany Carld Longview, WA 98632

ECY 040-1-14 (Rev. 10/08)

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Robert Workman Print Name (Applicant or authorized representative) Robert Workman Print Name (Landowner of Place of Use)	Signature Signature Signature	5/03/09 Date 5/03/09 Date
Print Name (Landowner of Place of Use)	Signature	Date
Print Name (Landowner of Place of Use)	Signature	Date

Submit your application to: DE

DEPARTMENT OF ECOLOGY

CASHIERING SECTION

PO BOX 47611

OLYMPIA, WA 98504-7611

Please check the region in which your proposed project is located.

Southwest Central Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300 Northwest Regional Office: 425-649-7000 Central Regional Office: 509-575-2490 Eastern Regional Office: 509-329-3400